



1616

355864.05500

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Edward Shanbrom
Serial No: 09/694,178
Filed: October 23, 2000
For: ENHANCERS FOR MICROBIOLOGICAL DISINFECTION

Art Unit: 1616
Examiner: Alton N. Pryor

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450, on
September 29, 2003
Date of Deposit
Heather B. Del Bosco
Name Heather B. Del Bosco 09/29/03
Signature _____ Date

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☒ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	4	-	27 **	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	2	-	12 ***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
☐ A check in the amount of ___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-2567, referencing docket number 355864.05500. **A copy of this sheet is enclosed.**
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
REED SMITH CROSBY HEAFEY

By: Stefan J. Kirchanski
Stefan J. Kirchanski
Registration No. 36,568
Attorney for Applicant(s)

Date: September 29, 2003

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PATENT
Docket No. 355864.05500
(Former Docket No. 25864.05500)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SHANBROM, Edward

Serial No: 09/694,178

Filed: 23 October 2000

For: ENHANCERS FOR
MICROBIOLOGICAL DISINFECTION

Art Unit: 1616

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29- Sept., 2003

Date of Deposit

Heather Del Bosco

Name

AMENDMENT (Revised Rule 121)

MS Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated 27 June, 2003, please amend the
above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper

Remarks begin on page 3 of this paper.

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